Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 75 and \$95 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Cafe Tacuva 22 21 22 Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes No If yes: _ Was ticket distribution made at the behest Yes No III Official's Name (Last. First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Ticket Policy Sec 5.3(k) 2 **Board of Supervisors** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other \square Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

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I have read and understand FPPC Regulations 18944.1 and 18942.	. I have verified that the distribution set forth above, is in accordance
with the requirements.	

Maney	Herry
Signature of Ag	ency Head or Designee

Nancy Herrera

Ticket Administrator

11/09/2022

Print Name

Title

(month. day, year)

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Print

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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nherrera@bos.lacounty.gov

Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator

Area Code/Phone Number

(213) 974-4444

A F	Public Document
Date Stamp	Form 802 For Official Use Only
☐ Amendment (Must Pro	vide Explanation in Part 3.)
Date of Original Filing:	(month, day, year)
ach Ticket/Pass \$	133 and \$90
30 , 22	
ney Concert Hall Name of Source	
Official's Name (Last. First)	
l. Use Section C to identify a	
Sec 5.3(k)	
Identify one of the foll	lowing:
nial Role Other Officer of "Other" description	Income Income
nial Role Other g	Income I
public purpose made pursu	ant to the agency's policy
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2.	Function or Event Information			122 and \$00			
	Does the agency have a ticket policy? Yes		Face Value of Each Ticket/Pass \$	133 and \$90			
	Event Description: Chaka Khan		Date(s) 10 , 30 , 22	1 1			
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes	□ No ■	If no: Walt Disney Concert Hall				
			Name of Source				
	Was ticket distribution made at the behest Yes of agency official?	□ No ■	If yes:Official's Name (Last. First)				
	or agency official:						
3.	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursual	nt to the agency's policy			
	Board of Supervisors	6	Ticket Policy Sec 5.3(k)				
	B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the follo	wing:			
	(Leot,) not	Passes		Income			
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe				
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe	Income D			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursual	nt to the agency's policy			
-	Verification						
	I have read and understand FPPC Regulations 18944 with the requirements.	1.1 and 18942.	I have verified that the distribution set forth	above, is in accordance			
MMW HIMMAN Herrera			Ticket Administrator	11/09/2022			
	Signature of Agency Head or Designee Print Name		Title (month, day, y				
	Comment						
	Comment:			+			